BEST AVAILABLE COPY

	MULTI	PLE DEPEND	ENT CLAIM	SERIAL	NO.	lay rya		
	FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)			APPLIC	10/562532 APPLICANT(S)		FILING DATE	
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	/04)	DATE OF THE PARTY	PARTICIPA	CLAIMS		\$20,000,000		